

Exhibit F

**Voter Data Request Form**

Please select one of the following:

____ Electronic File ____ Printed List ____ Mailing Labels

VOTER INFORMATION AUTHORIZATION**NOTE:** Minimum charge for any request is \$15.00**Please indicate the purpose of this request**

Please provide a description of your intended use of voter data:

☐ Campaign Use☐ Governmental Use**Please select the jurisdiction that you are requesting:**☐ Statewide☐ County(s) _____☐ Other: _____☐ District _____**Please indicate all information that you are requesting:****NOTE:** All files come with registrant name, address (both physical and mailing), year of birth, party affiliation, precinct assignment jurisdiction and registrant ID number. Any additional fields must be indicated below.☐ Districts
(all districts associated with a voter)☐ Voting History
(elections a voter has participated in)☐ Method Voted
(i.e. absentee, early or Election Day)**Information of Requestor**

Name: _____ Organization: _____

Address: _____ Phone: (____) _____ - _____

Email Address: _____ Date: ____/____/____

Authorization

Unlawful use of the information requested on this form shall consist of willful selling, loaning, providing access to or otherwise surrendering, duplicating or alteration of information as stated in the Voter Records System Act (§1-5-1 through 1-5-31 NMSA 1978).

I hereby swear that the requestor will not: (INITIAL EACH)

____ sell, loan, provide access to, or otherwise surrender voter information received as a result of this request.

____ alter voter information received as a result of this request.

____ use voter information for any purpose other than those authorized on this form.

____ use voter information for any commercial purposes.

Signature of Requestor

For Office Use Only

Total Cost: \$ _____ Date Received: ____/____/____ Date Completed: ____/____/____

Comments: _____ Receipt Number: _____